GOVERNMENT PURCHASE CARD SET-UP FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input by the Cardholder

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SECTION I   **INSTRUCTIONS**

1. To add a new account, Cardholder completes section II; the Approving Official completes section III through V and signs in section VI. The AOPC signs in section VII. Maintain a copy in the Cardholder and Agency/Organization Program coordinator's files.
2. If the card is lost or stolen, it is the cardholder's responsibility to immediately notify Citibank at (800) 790-7206. Overseas call (904) 954-7850 collect.
3. Send completed form to your procurement office.

SECTION II   **CARDHOLDER INFORMATION** (Please Print)

*Last Name of Cardholder   ***First** Name   ***Middle** Initial (maximum 20 characters)

*Agency/Organization Name (maximum 24 characters)   *Verification Information

TAX ID 19030214   -

4th Line Embossing   *Social Security Number

( )

*Business Mailing Street Address Line 1 (maximum 36 characters)   *Business Phone

Business Mailing Street Address Line 2 (maximum 36 characters)

*City   * State   *Zip Code   Country

Email Address

( )

Fax Number   Discretionary Code 1 (maximum 12 characters)

Discretionary Code 2 (maximum 20 characters)   Discretionary Code 3 (maximum 15 characters)

*Master Accounting Code (maximum 75 characters)

SECTION III   **REPORTING PARAMETERS**

*Reporting Hierarchy: _____ _____ _____ _____ _____ _____ _____

Card Delivery ID # _____ (maximum 5 characters)

SECTION IV   **AUTHORIZATION PARAMETERS**

*Cycle Limit: $ _____   Convenience Checks Y _____ N _____ 2 Bks _____ 6 Bks _____

Dollars per Transaction Limit: $ _____   If eligible for Convenience Checks, maximum payment amount equals $ _____

Number of Transactions per Cycle: N/A   MCC Template Name _____

Number of Transactions per Day: N/A

SECTION V   ***PLASTIC TYPE** (Please check one of the following)

Government Standard _____   Quasi-Generic _____   Non-POS (White) _____

SECTION VI   **APPROVING OFFICIAL SIGNATURE**

*Approving Official Signature _____ Date _____

( )   ( )

Full Name (Please Print)   Business Phone   Fax Number

SECTION VII   **AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE**

*Approving Agency/Organization Program Coordinator's Signature   Date _____

CB001 Revised 09272000F   ***Asterisked fields must be completed prior to submission.**

Form used for new Purchase Card Applicant

Section I - Instructions

Section II - Cardholder Information

1. **Name of Cardholder:** Full name of Cardholder - Last, First and Middle Initial.

2. **Agency/Organization Name:** Name of Cardholder's Agency.

3. **Verification Information:** Your mother's maiden name.

4. **4th Line Embossing:** Agency, Bureau or Operating Administration name (maximum 20 characters including spaces, i.e., GSA). This appears on the card under the cardholder's name.

5. **Social Security Number:** Cardholder's complete Social Security Number.

6. **Business Mailing Street Address, Telephone Number, E-mail Address & Fax Number:** Address where the card and statements will be mailed. Business number, e-mail address & fax number where cardholder can be reached.

7. **Discretionary Code:** Alpha and/or Numeric Agency assigned code. This information appears on the cardholder's profile. **Note:** The Agency may have up to three different discretionary codes for each cardholder.

8. **Master Accounting Code:** Default accounting code(i.e., general ledger code, org & task code) for this cardholder's transactions.

 Section III - Reporting Parameters

9. **Reporting Hierarchy:** The five digit reporting code assigned to each level within the organizational hierarchy that defines the cardholders relationship within your Agency's reporting structure. Up to seven five digit codes may be assigned to your Agency. Contact your Agency Organization Program Coordinator (AOPC) for your Agency's specific codes.

10. **Card Delivery ID#:** Five digit ID code used if card(s) will be shipped to central address(es). Bulk Shipment. Contact your AOPC for your Agency's specific codes.

Section IV - Authorization Parameters

11. **Cycle Limit $**: Monthly spending limit.

12. **Dollars per Transaction Limit:** Single transaction limit, i.e. $500, this would restrict a cardholder for purchasing more than $500 for a single purchase.

13. **Number of Transactions per Cycle:** Number of transactions a cardholder can perform per monthly cycle. Not applicable to Department of Commerce (DOC) cardholders.

14. **Number of Transactions per Day:** Number of transactions a cardholder can perform per day. Not applicable to DOC cardholders.

15. **Convenience Checks:** Indicate access to convenience checks. Indicate number of checkbooks to be issued. Note: Each checkbood contains twenty-five checks.

16. If eligible for convenience checks, maximum payment amount: Indicate "not to exceed" dollar amount to be printed on the check. This serves as a notification for the merchant.

17. MCC Template Name: Merchant blocking schemes. For example, Agency/Organization Program Coordinator may want to block certain types of merchants from being accessed by the cardholder. Contact your AOPC for your Agency's MCC template names.

Section V - Plastic Type

18. Plastic Type: Card type selection: 1) Government Standard: GSA-designed standard card. US Government is printed on the card; 2) Quasi-Generic: Plain silver plastic embossed with Government-assigned account number; 3) Non-POS (White): Issued for centrally billed accounts, can NOT be used at the Point of Sale.

Section VI - Approving Official Signature

19. Approving Official Signature: Approving Official must sign for acknowledgment.

Section VII - A/OPC Signature

20. Approving Agency/Organization Program Coordinator's Signature: Program Coordinator must sign for approval.

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